

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09774626

FILING DATE

02-05-01

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		2			52	1					
3		1		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		1	1	1			57						
8		1		1			58						
9		1		1			59						
10			1				60						
11			1				61						
12				1			62						
13			1				63						
14				1			64						
15				3			65						
16				1			66						
17				4			67						
18				1			68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		5				TOTAL IND.						
TOTAL DEP.	8		19				TOTAL DEP.						
TOTAL CLAIMS	9		24				TOTAL CLAIMS						